EXHIBIT C

Case	e 06-10725-awz - Dac 9077	<u>-3 Er</u>	ntered 09/15/11 16:	16:28 Pa	ae 2 of 11
UNITED STATE	S BANKRUPTCY COUPTING TO SECOND TO S	PROOF OF CLAIM		YOUR CL	AIM IS SCHEDULED AS
Name of Debtor			ımber	Schedule/Claim I	D s32476
USA Commercial N	lortgage Company	Į.	06-10725-LBR		ation
OOA OOMMIERCIAI N	nortgage company	00-10	00-10/25-LDN		ured
This form should not be used	of Debtors and Case Numbers to make a claim for an administrative ex		Check box if you are aware that anyone else has		
ansing after the commencer administrative expense may	nent of the case A "request for payment be filed pursuant to 11 U S C § 503	or an	filed a proof of claim relating to your claim Attach copy of	The amounts refle	cted above constitute your claim as
Name of Creditor and Address 11321240001 STEPHEN FAMILY TRUST DATED 3/22/84 C/O ROY M STEPHEN & CAROL J STEPHEN TRUSTEES 1214 YUCCA CIR			statement giving particulars O1618 Check box if you have never received any notices from the bankruptcy court or		Debtor or pursuant to a filed claim If amounts set forth herein and have no it the Debtor you do not need to file EXCEPT as stated below nown above are listed as Contingent, Disputed, a proof of claim must be
ST GEORGE, UT	84790 7551		Check box if this address differs from the address on the	filed	eady filed a proof of claim with the
			envelope sent to you by the court	1	or BMC you do not need to file again
	(435 - 67 4 - 5 42) other number by which creditor identifies	debtor			CE IS FOR COURT USE ONLY
320		debioi	Check here repla of this claim amer	 a previously 	y filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	Wages	salaries and compensation	(fill out below)	Other claims against servicer
Services performed	Taxes	Last fou	r digits of your SS #	-	(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid	compensation for services pe	erformed from	to
2 DATE DEBT WAS INCUR	RED	3 IF C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
	AIM Check the appropriate box or boxes that				e time case filed
See reverse side for important	•		SECURED CLAIM		
UNSECURED NONPRIORIT	TO ALL WALLS AND ALL WALL WALLD AND ALL WALLS AND ALL WALLS AND ALL WALLD AND AND ALL WALLD AND ALL WALLD AND AND ALL WALLD AND AND ALL WALLD AND AND ALL WA			our claim is secu	red by collateral (including
exceeds the value of the pro	s no collateral or lien securing your claim or b) yoperty securing it or if c) none or only part of you	our claim ir claim is	a right of setoff)		
entitled to priority UNSECURED PRIORITY CL	AIM		Brief description of	collateral	
pressy.	an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e
entitled to priority Value of Collateral				\$	
Amount entitled to priority	Amount of arrearage a				at time case filed included in
Specify the priority of the cla		_	secured claim if any		
	s under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ssions (up to \$10 000) earned within 180 days	L	Up to \$2 225* of deposits towa services for personal family o	rd purchase lease r household use 1	or rental of property or 1 U S C § 507(a)(7)
	cy petition or cessation of the debtor's		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)
 	ee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable para		
,			* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	MM \$ \$ (unsecured)	127,	85 6.9 8\$	(priority)	\$ 127,85 6.9 8
Check this box if claim inclu	udes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
6 CREDITS The amount o	f all payments on this claim has been cre	dited and	deducted for the purpose of r	naking this proof	f of claim
7 SUPPORTING DOCUM running accounts contract	MENTS Attach copies of supporting docu ets, court judgments, mortgages security suments are not available explain. If the	<i>uments,</i> su agreemen	uch as promissory notes, pur its and evidence of perfection	chase orders, inv	oices, itemized statements of
	γ To receive an acknowledgment of th				d envelope and copy of this
ACCEPTED) so that it is for each person or entity	pleted proof of claim form must be ser actually received on or before 5 00 pm y (including individuals, partnerships,	n, prevaili	ng Pacific time, on Novemb	per 13. 2006	THIS SPACE FOR COURT USE ONLY
BMC Group					FILED OCT 3 1 2006
Attn USACM Claims Doc P O Box 911 El Segundo CA 90245-09	-	1330 Eas	ACM Claims Docketing Cente t Franklin Avenue	r	
	SIGN and print the name and title if any of the	creditor or	do CA 90245 other person authorized to file	0	USA CMC
10/24/06	lay Water		Carol J. S.	tephen)	1072500866
Penalty for presenting fraudulent of	claim is a fine of up to \$500 000 or imprisonment	t for up to 5	years or both 18/USC §§ 15.	2,ÅND 3571	

Case 06-10725-gwz Doc 9077-	-3 Er	ntered 09/15/11 16:	16 [.] 28 Pa	ge 3 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			
Traine of Bobton	Case Nu			
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative experience arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address STEVENSON, BERT 500 N ESTRELLA PKWY B2-405 GOODYEAR AZ 85338	f an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.	WHOSE LOAN IS DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH	LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF S INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
702-499-716)	Check box if this address differs from the address on the envelope sent to you by the court	If you have all Bankruptcy Cour	ready filed a proof of claim with the t or BMC you do not need to file again
Creditor Telephone Number () / / / / / / / / / / / / / / / / / /	ebtor	<u> </u>		SE IS FOR COURT USE UNLY
# 4202 # 320		Check here replace or f this claim amen	 a previousi; 	y filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages	salaries and compensation (Other claims against services (not for loan balances)
Money loaned		compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED SEE AHACHED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed
See reverse side for important explanations	-	SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$	ACHAD your claim ur claim is	Check this box if you a right of setoff)	our claim is secu	red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		<u></u>
Check this box if you have an unsecured claim all or part of which is		Real Estate		e Other
entitled to priority		Value of Collateral	C-141	LNOWN
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges \$ <i>[] Ni /(e</i> r	at time case filed included in BACUTATASS
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa	ard purchase leas	e or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal family of Taxes or penalties owed to go		• ,,,,
business whichever is earlir r - 11 U S C § 507(a)(4)		Other Specify applicable para		• (,,,,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ UNICHOWA \$ (UNKA	40W~ \$		\$ UNKNOWN.
AT TIME CASE FILED (unsecured)	•	ecured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	· · · · · · · · · · · · · · · · · · ·		 	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available, explain if the documents are not available, explain if the documents are not available acknowledgment of the proof of claim	<u>ments,</u> su greement ocuments	ich as promissory notes pure s, and evidence of perfection are voluminous attach a sur	chase orders inv of lien DO NO mmary	voices itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be sent	by mail o	or hand delivered (FAXES N	IOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co governmental units)	prevailin	g Pacific time, on Novemb	er 13, 2006	USE ONLY
BY MAIL TO	BY HAND (BMC Gro	OR OVERNIGHT DELIVERY TO up		USA CMC
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Cente t Franklin Avenue	r	1072501894
El Segundo CA 90245-0911	El Seguno	do CA 90245		
SIGN and print the name and title if any of the this claim (attach copy of power of attorn		other person authorized to file	F	LED JAN 0 8 2007
12/29/06 Best Steverm B	ERT	STERENSON		

Case 06-10725-gwz Doc 9077-3 Entered 09/15/11 16:16:28 Page 4 of 11 Unitied Strates Bankruptox Covers PROOF OF CLAIM DISTRICT CENTSVARY Name of Debtor Case Number USA Commercial Mortgage Company 06-10725-LBR NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are arising after the commencement of the case A "request" for payment of an aware that anyone else has IF YOU ARE ONLY OWED MONEY BY A BORROWER filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of WHOSE LOAN IS BEING SERVICED BY THE Name of Creditor and Address DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF statement giving particulars OF CLAIM THIS INCLUDES MONEY FROM THAT 11321242039040 **BORROWER HELD IN THE COLLECTION ACCOUNT** Check box if you have SUSSKIND, ROBERT never received any notices 9900 WILBER MAY PKWY #206 from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A **RENO NV 89521** BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the Creditor Telephone Number (775 846-6407 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated 4073 or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal □ Goods sold Personal injury/wrongful death Wages, salaries, and compensation (fill out below) Other claims against servicer Services performed (not for loan balances) Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from _ to _ FRAUD/BREACH/INTEREST OVE (SEE EXHIBIT A) (date) 3 IF COURT JUDGMENT, DATE OBTAINED 2 DATE DEBT WAS INCURRED 6/04 + LATER 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 306, 214 PLUS WALKAGEN TO Check this how to a the second SECURED CLAIM Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family, or household use 11 USC § 507(a)(7) Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) business whichever is earlier - 11 USC § 507(a)(4) Other - Specify applicable paragraph of 11 U S C § 507(a) (__ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment TOTAL AMOUNT OF CLAIM \$ 306,219 AT TIME CASE FILED (unsecured) (secured) (prionty) (Total) O NOK NOWN # Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group FILED JAN 08 2007 BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo CA 90245 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) SUSSKIND

Case 06-10725-gwz Doc 9077-3 Entered 09/15/11 16:16:28 Page 5 of 11

TOTAL DIT CHOIC	11 3 Olif 10) (10/00)							
UNITED STATES	BANKRUPTCY COURT	Dis	TRICT OF NEVADA	PROOF OF CLAIM				
Name of Debtor USA COMA	ne of Debior USA COMMERCIAL MORTGAGE Co. Case Number 06-10725							
NOTE This form sho of the case. A reque								
dublor owes money of	re person or other entity to whom the or property) LOUISE TRA ROLLOVER							
ROBERT C. 10/20 S. E. HENDERS	here notices should he sent LEPOME ASTERN # 200 DN, NV 89052	note case	ck box if you have never received an ces from the bankruptcy court in the ck box if the address differs from the ress on the envelope sent to you by	5				
Telephone number	702) 492-1271	the	court.	THIS SPACE IS HOR COURT USE ONLY				
Last four digits of act identifies debtor	count or other number by which creditor	_	ck here □ replaces is claim □ <u>amends</u> a previously f	iled claim dated				
Goods so Services j Money lo	Goods sold Services performed Money loaned GOODS Sold Chaim - Class 4 Unpaid compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed							
Ø Other —	NEGLICENCE + FRAUD		(date)	(date)				
	sincurred JAN 1,2005 D APRIL 12, 2006	3.	If court judgment, date obtain	ed				
•	Claim. Check the appropriate box or boxes th	at best des	eribe your claim and state the amou	nt of the claim at the time case filed				
See reverse side for Unsecured Nonpri	or important explanations.		Secured Claim					
Unsecured Nonpriority Claim 5 197, 814 Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral								
Unsecured Priority Claim Real Estate Motor Vehicle Other								
Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$ Amount of arrearage and other charges at time case filed included in								
Amount entitled to priority \$ secured claim, if any \$								
Specify the priority of the	ne claum		Up to \$2,225* of deposits toward p	ourchase, lease, or rental of property				
Domestic support (a)(1)(B)	rt obligations under 11 U.S.C. § 507(a)(1)(A) o	_	or services for personal family or \$ 507(a)(7)					
☐ Wages, salaries, days before filing of business, whichever i	or commissions (up to \$10 000) * earned within the bankruptcy petition or cessation of the debt is earlier - 11 U.S.C. § 507(a)(4)	n 180 or's	Taxes or penalties owed to government of the respective applicable paragraphounts are subject to adjustment on	· · · · · · · · · · · · · · · · · · ·				
☐ Contributions to	o an employee benefit plan 11 USC. § 507(a		with respect to cases commenced o					
5 Total Amount	t of Claim at Time Case Filed	\$	(unsecured) (secured)	197,814				
Check this box is interest or addition	f claim includes interest or other charges in ado onal charges.	dition to th		(priority) (Total) each itemized statement of all				
	Credits The amount of all payments on this claim has been credited and deducted for the purpose of This SPACE IS HOR COURT USIA ONLY							
making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the								
documents are not available, explain. If the documents are voluminous attach a summary 8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, selFILED DEC 0 8 2006 addressed envelope and copy of this proof of claim.								
				TO DEC O & 2006				
Date 12/1//	Sign and print the name and title if any of the file this claim (attach copy of power of attor	the creditor	or other person authorized to					
10/3/1/	ROBLAT C. LEPOME	ne		USA CMC				

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.

USA CMC 1072501581 гоны вти (отпорт 10725-gwz Doc 9077-3 Entered 09/15/11 16:16:28 Page 6 of 11

UNITED STATES BANKRUPTCY COURT	Di	STRICT OF NEVADA			
Name of Debtor			PROOF OF CLAIM		
USA COMMERCIAL MORTGAGE Co.					
NOTE This form should not be used to make a claim for an admin					
of the case. A "request for payment of an administrative expense in					
Name of Creditor (The person or other entity to whom the dubtor owes money or property)		eck box if you are aware that anyone e has filed a proof of claim relating to			
j	уо	ur claim Attach copy of statement			
NORMAN TEETER		ring particulars teck box if you have never received an			
Name and address where notices should be sent ROBERT C. LEPOME	no	tices from the bankruptcy court in the			
10/20 S. EASTERN # 200	Cas	se. eck box if the address differs from the			
HENDERSON, NV 89052 Telephone number (702) 492-1271	ado	dress on the envelope sent to you by court.	THIS SPACE IS HOW COUNT USE ONLY		
Last four digits of account or other number by which creditor		eck here replaces			
identifies debtor 275 (ONE of Two)) if t	his claim in amends a previously f	iled claim, dated		
1 Basis for Clarm Goods sold GENERAL UNS	ECURCI	Retiree benefits as defined in			
Goods sold Services performed Chaim - Chass	4	Last four digits of your SS #			
☐ Money loaned	•	Unpaid compensation for se	rvices performed		
T m		from(date)	_ to(date)		
Other NEGLICENCE & FRAUD		•	• •		
2. Date debt was incurred JAN 1, 2005 To APRIL 12, 2006	3.	If court judgment, date obtain	ed		
4 Classification of Claim. Check the appropriate box or boxes to	hat best de	scribe your claim and state the amou	nt of the claim at the time case filed		
See reverse side for important explanations. Unsecured Nonpriority Claim 5_/36,246		Secured Claim			
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ur claım, o	Check this box if your claim a right of setoff)	is secured by collateral (including		
only part of your claim is entitled to priority	none or	Brief Description of Collate	ral		
Unsecured Priority Claim		•	r Vehicle Other		
Check this box if you have an unsecured claim all or part of	which is	Value of Collateral \$			
entitled to priority	arges at time case filed included in				
Amount entitled to priority \$		secured claim if any \$			
Specify the priority of the claim		Up to \$2 225* of deposits toward p or services for personal family or l	urchase, lease, or rental of property household use - 11 U.S.C.		
☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) ((a)(1)(B)	_	§ 507(a)(7)			
☐ Wages, salaries or commissions (up to \$10 000),* earned with	n 180	Taxes or penalties owed to governm			
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 USC § 507(a)(4)	tors 🗀	Other - Specify applicable paragrap mounts are subject to adjustment on 4			
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(with respect to cases commenced or			
5 Total Amount of Claim at Time Case Filed	5	136,246	136,246		
Check this box if claim includes interest or other charges in ad interest or additional charges.	dition to th	(insecured) (secured) ne principal amount of the claim. Att	(priority) (Total) ach itemized statement of all		
6. Credits The amount of all payments on this claim has been	r credited	and deducted for the purpose of	THE SPACE IS ITER COURT USE ONLY		
making this proof of claim 7 Supporting Documents Atlach comes of supporting documents					
7 Supporting Documents Attach copies of supporting documents of running accounts, controlled invoices itemized statements of running accounts, controlled in the controlled	<i>ienus</i> , such acts court	as promissory notes, purchase			
agreements and evidence of perfection of lien DO NOT SEN					
documents are not available explain. If the documents are voluminous attach a summary Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped, self-					
addressed envelope and copy of this proof of claim		·			
Date Sign and print the name and title if any of file this claim (attach copy of power of attach	ornace of and	••\			
12/8/66	المدوق الم	BAR#1980 FOR CLAIMANT			
ROBERT C. LEPOME	4774 A	FOR CLAIMANT	USA CMC		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.

USA CMC 1072501582

	PROOF OF CLAIM			
Name of Debtor	Case Nu	mber		
U S A COMMERCIAL MORTGAGE COMPANY	06-1	0725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars.		
NORMAN TEETER 4201 VIA MARINA #30 MARINA DEL REY, CA 90292	0	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT ITORS
· · · · · · · · · · · · · · · · · · ·		differs from the address on the envelope sent to you by the	Bankruptcy Court of	ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (SAO - R) 3- 2-3 Y		court.	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of 2/0	deptor	Check here replace or if this claim amen	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	-	salaries and compensation (Other claims against servicer
Services performed Taxes	_	digits of your SS#		(not for loan balances)
Money loaned Cher (describe briefly) See Exhibit A	Unpaid o	compensation for services per	rformed from	(date) (date)
2 DATE DEBT WAS INCURRED /2/16/2002	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(GER)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	be your claim and state the amou	unt of the claim at th	e time case filed
UNSECURED NONPRIORITY CLAIM \$ 299,663 64		SECURED CLAIM		
exceeds the value of the property securing it or if c) none or only part of yo		Check this box if you a right of setoff)	our claim is secure	ed by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Bnef description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate Value of Collateral	_	Other
entitled to priority Amount entitled to priority \$			\$ UNKN	at time case filed included in
Specify the priority of the claim.		secured claim, if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225° of deposits tows		
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	·	services for personal family of Taxes or penalties owed to go		* ' ' ' '
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable part	egraph of 11 USC	§ 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases comment		
5 TOTAL AMOUNT OF CLAIM \$ 299.663.64 \$	2996	63.64 \$		\$ 299,663,64
AT TIME CASE FILED ((unsecured)	•	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				<u> </u>
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the d	<i>u<u>ments,</u> su</i> agreement	ich as promissory notes pure s and evidence of perfection	chase orders invo	oces itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d, self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or acceptance of the complete states o	ı, prevailin	ig Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	Attn USA	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Cente t Franklin Avenue		D JAN 1 2 2007
El Segundo CA 90245-0911	El Segun	do CA 90245		
SIGN and print the name and title if any of the this claim (attach copy of power of attorn		owier person authorized to file		LICA CNAC
1/12/2007 NORMAN TEETER	Ylom	nan Jeeler	<u> </u>	USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C §§ 152 AND 3571

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гоны вти (откат Form 10) (10/05) gwz Doc 9077-3 Entered 09/15/11 16:16:28 Page 8 of 11

UNITED STATES BANKRUPTCY COURT	Distr	KT OF NEVA	DA	
Name of Debtor USA COMMERCIAL MORTGAGE Co. Case Number 06-10725				PROOF OF CLAIM
NOTE This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense in				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.				
Name and address where notices should be sent ROBERT C. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 89052	Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the			
Telephone number (702) 492-127/	the cou	on the envelope sent to rt.	o you by	THIS SPACE IS HOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor /234	1	nere 🗌 replaces laim 📋 amends a pr	eviously filed	claim dated
Basis for Claim GENERAL UNSA Goods sold Services performed Money loaned Personal injury/wrongful death Taxes ALGCALCGAL/CLASS	ECURED [Retiree benefits as Wages, salaries, an Last four digits of Unpaid compensat from	ed compensate your SS # tion for servicto	on (fill out below) es performed
Other NEGLICENCE & FRAUD		(date)	,	(date)
2. Date debt was incurred JAN 1, 2005 TO APRIL 12, 2006	3. [f court judgment, dat	te obtained	
Unsecured Nonpriority Claim \$	vhich is Up or § 5 Tay n 180 Oil or's *Amount	Brief Description Real Estate Value of Collaters Amount of arrearage and ecured claim, if any to \$2 225° of deposits services for personal failo7(a)(7) acts or penalties owed to her - Specify applicable ints are subject to adjust	of Collateral Motor Versal S dother charge toward purch amily or house po governmenta paragraph of toment on 4/1/0	ase, lease, or rental of property
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in additional observer.	\$	(secured) (secure	ed) (pro	onty) (Total)
6. Credits The amount of all payments on this claim has been				in Space is it in Countr Use Only
making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are voluing. 8. Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the fille this claim (attach copy of power of attorname).	ents, such as pacts court judg D ORIGINAL minous, attach ing of your cla	romissory notes, purch iments mortgages, sec DOCUMENTS If the a summary um enclose a stamped	unity FILED A self-	DEC 0 8 2006
Penulty for presenting fraudulent claim. Fine of up to \$500 000 or		for up to 5 years or bo		USA CMC 1072501584

Wheeler was a series	े स्टब्स्ट्राच्याच्यात् । व्हास्त्रहारा	PRO	PROOF OF CLAIM				
Name of Debtor		Case Nu	ase Number				
	MORTGAGE COMPANY	06-1	0725-LBR				
arising after the commencement	Debtors and Case Numbers make a claim for an administrative exp t of the case A "request" for payment of filed pursuant to 11 U S C § 503		Check box if you aware that anyone of filed a proof of claim your claim. Attach of	else has n relating to			
Name of Creditor and A			statement giving pa				
Robert G.	TEETER MARINA, STE 31	on	Check box if yo never received any from the bankruptcy BMC Group in this o	notices court or		IIS PROOF OF CL	AIM FOR A DWER THAT IS NOT
MARINA De	1 Rey, CA 90292		Check box if the differs from the add envelope sent to yo	is address ress on the	ONE OF THE DE	BTORS ready filed a proof o	
Creditor Telephone Number (>	10-823-2234		court	•	THIS SPAC	CE IS FOR COU	RT USE ONLY
Last four digits of account or oth	er number by which creditor identifies o	debtor	Check here if this claim	replac	a previously	y filed claim date	d
1 BASIS FOR CLAIM		Retiree t	enefits as defined	in 11 U S	C § 1114(a)	Unremitted	d principal
Goods sold	Personal injury/wrongful death	Wages :	salaries and comp	ensation (fill out below)		ns against service
Services performed	Taxes		digits of your SS #			(not for los	an balances)
Money loaned	Other (describe bnefly) See Exhibit A	Unpaid c	ompensation for s	ervices pe	rformed from	to (date)	(date)
2 DATE DEBT WAS INCURRE	0 11-06-2003	3 IF C	OURT JUDGMENT	T, DATE C	BTAINED	(00.07	(0.0)
	Check the appropriate box or boxes that	t best descri	be your claim and sta	ite the amo	unt of the claim at	the time case filed	
See reverse side for important ex UNSECURED NONPRIORITY	اطاب صد		SECURED C	LAIM			
Check this box if a) there is no exceeds the value of the prope	o collateral or lien securing your claim or b) orty securing it or if c) none or only part of you		a nght of	setoff)		red by collateral	(including
entitled to priority UNSECURED PRIORITY CLAIR	M		l	cription of	_		
Check this box if you have an entitled to priority	unsecured claim all or part of which is			Estate L Collateral		e ∐ Other NOWN	
Amount entitled to pnority Specify the pnority of the claim	\$		Amount of an	rearage ar	nd other charges	at time case file	_ <u>ad</u> included in
	under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225 of d	enosits tow	and nurchase lease	e or rental of prope	erty or
Wages salaries or commission before filing of the bankruptcy	ons (up to \$10 000) earned within 180 days petition or cessation of the debtor's			nal family o	or household use	11 USC § 507(a)((7).
business whichever is earlier	•		•			§ 507(a) (
Contributions to an employee	benefit plan 11 U S C § 507(a)(5)					nd every 3 years the date of adjustmen	
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED	\$67.184.61 \$	67,18	7461 \$	·		\$ 67.1	84.61
	(unsecured)	-	secured)	Attach da	(priority)	of all interest or ad	(Total)
	es interest or other charges in addition to the						oluonar charges
7 SUPPORTING DOCUME running accounts contracts	Il payments on this claim has been crec NTS <u>Attach copies of supporting docu</u> court judgments mortgages security a	<i>iments,</i> su agreement	ich as promissory is and evidence of	notes pure	chase orders inv	voices itemized :	
I .	nents are not available explain. If the d To receive an acknowledgment of the				-	d envelope and c	opy of this
ACCEPTED) so that it is ac	oted proof of claim form must be sent ctually received on or before 5 00 pm including individuals, partnerships, c	, prevailin	g Pacific time, on	Novemb	er 13, 2006		E FOR COURT E ONLY
governmental units) BY MAIL TO BMC Group		BY HAND	OR OVERNIGHT DE	-		ED IAM	1 0 2000
BMC Group Attn USACM Claims Docket	ting Center	BMC Gro	up .CM Claims Docke		1 _	ED JAN :	L Z 2007
P O Box 911 El Segundo CA 90245-0911	_	1330 Eas	t Franklin Avenue do CA 90245	y Jointo	•		
	GN and print the name and title if any of th			ized to file		1	
1/10/2007 7	this claim (attach copy of power of attor		1-77.	7000			A CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. \$\frac{5}{5}\$ 152 AND 3571

Cas	e 06-10/25-gwzDoc 90//	-3 En	itered 09/15/11 16:	16:28 Pai	ge 10 of 11
	Case 06-10725-IDT Claim PROOF OF CLAIM		Page 1 of	13	
Name of Debtor:	Name of Debtor: Case Nu				
USA Commercial Mortgage Company		06-107	725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		LY OWED MONEY BY A BORROWER IS BEING SERVICED BY THE
Name of Creditor and Address: 11321242039226 TOM, STERLING			statement giving particulars. Check box if you have never received any notices	DEBTORS YOU DO NOT HAVE TO FILE A PROO OF CLAME. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOU	
	ABERDEEN WAY S NV 89134		from the bankruptcy court or BMC Group in this case.		HS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS.
			Check box if this address differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Numbe			court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account of	or other number by which creditor identifies 4214 Fresho Care Variey, Me Commenter, Maccolline	ivatus Hur	Check here replace or if this claim amer	a previously	/ filed claim dated:
1. BASIS FOR CLAIM	MEETINE, TOPES VOIC		penefits as defined in 11 U.S.		Unremitted principal
Goods sold	Personal injury/wrongful death		salaries, and compensation (Other claims against servicer
Services performed	☐ Taxes		r digits of your SS #:	illi Gut Delow)	(not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	rformed from:	to
2. DATE DEBT WAS INCU	RRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(case) (case)
	LAIM. Check the appropriate box or boxes that		200	and the state of t	the time case filed.
See reverse side for importa			SECURED CLAIM		
UNSECURED NONPRIOR				our claim is secu	red by collateral (including
exceeds the value of the	is no collateral or lien securing your claim, or b) property securing it, or if c) none or only part of y		a right of setoff).		
entitled to priority.	*1 AIM	·	Brief description of	collateral:	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is Real Estate Motor Vehicle Other					
entitled to priority.	and the second states of the second s		Value of Collateral:	s unk	nown
Amount entitled to priority Specify the priority of the			Amount of arrearage ar secured claim, if any:		at time case filed included in
	ions under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2,225" of deposits tows	ard purchase, lease	e, or rental of property or
	aissions (up to \$10,000)*, earned within 180 days	, <u> </u>	services for personal, family, o	r household use -1	1 U.S.C. § 507(a)(7).
	ptcy petition or cessation of the debtor's riler - 11 U.S.C. § 507(a)(4).	<u></u>	Taxes or penalties owed to go		7
Contributions to an emplo	byee benefit plan - 11 U.S.C. § 507(a)(5).	<u>.</u>	Other - Specify applicable part * Amounts are subject to adjus	•	• • • • • • • • • • • • • • • • • • • •
			with respect to cases commen		
5. TOTAL AMOUNT OF CL AT TIME CASE FILED:		-	50\$		\$ 150,000
Check this box if claim in	(unsecured) cludes interest or other charges in addition to th	•	secured) amount of the claim. Attach ite	(priority) mized statement o	(Total) of all interest or additional charges.
	of all payments on this claim has been cre IMENTS: <u>Attach copies of supporting doc</u>				
running accounts, contra DOCUMENTS. If the do	acts, court judgments, mortgages, security a ocuments are not available, explain. If the o	agreement documents	s, and evidence of perfection are voluminous, attach a sur	of lien. DO NO mmary.	T SEND ORIGINAL
8. DATE-STAMPED CO proof of claim.	PY: To receive an acknowledgment of th	e filing of y	rour claim, enclose a stamped	i, self-addressed	envelope and copy of this
ACCEPTED) so that it for each person or ent	mpleted proof of claim form must be sen is actually received on or before 5:90 pm ity (including individuals, partnerships, (o, prevailio	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO:	Appropriate property of		OR OVERNIGHT DELIVERY TO	: .	ر میں اور
BMC Group Attn: USACM Claims Do	cketing Center	Attn: USA	up ICM Claims Docketing Cente	r	and the second of the second
P. O. Box 911		1330 Eas	t Franklin Avenue		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
El Segundo, CA 90245- DATE	SIGN and print the name and title, if any, of the		do, CA 90245 r other person authorized to file		
1 1 (this claim (attach copy of power of attor				
10/26/06	Sterling Tom		STERLING	TOM	

Hallen Carry Ballenger Court	Diez	DVT (E Noved			
United States Bankruptcy Court		KK I U	F Nevad	<u>a </u>	PROOF OF CLAIM	
Name of Dubtor	Case N			-LBR		
USA Commercial Mortgage						
NOTI- This form should not be used to make a claim for an administrative access of						
of the case A "request for payment of an administrative expense me						
Name of Creditor (The person or other entity to whom the				re that anyone		
dibior owes money or property) Gerry Topp, a married man dealing withis				laim relating to of statement		
Sole + separate property		g particu		**		
Name and address where notices should be sent				ver received an		
Gerry Topp River St	case	es from	me bankrup	tcy court in this		
10745 W. 1CIVER 27				differs from the		
Telephone number Trucker, CA 96161	the c		еплеюре я	ent to you by	THIS SINCE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor	Chec	k here	replaces			
identifies debtor	if the	s claım	amends	a previously f	iled claim dated	
1 Basis for Claim		Re	tiree benef	its as defined in	111USC § 1114(a)	
Goods sold					sation (fill out below)	
Services performed			_	ts of your SS # ensation for se	rvices performed	
Money loaned Personal injury/wrongful death			•		to	
Taxes SOP Exhibit A		110		(datc)	(date)	
M Other	13					
2. Date debt was incurred Oct 2001	3	If cour	t judgmen	t, date obtain	ed	
4 Classification of Claim Check the appropriate box or boxes th	hat best desc	nbe you	claum and	state the amou	nt of the claim at the time case filed	
See reverse side for important explanations	I	Secur	ed Claim			
Unsecured Nonpriority Claim \$ 260, 703, 10	,		Theck this b	ox if your clain	is secured by collateral (including	
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	,					
only part of your claim is entitled to priority Brief Description of Collateral						
Unsecured Priority Claim						
Check this box if you have an unsecured claim all or part of v	which is	'	alue of Co	ilateral S_L	Chknowy	
entitled to priority		Amout	nt of arreara	ge and other ch	arges at time case filed included in	
Amount entitled to priority S secured claim if any \$_4,231,86						
Specify the priority of the claim					urchase, lease, or rental of property	
Domestic support obligations under 11 U S C § 507(a)(1)(A) of		or service \$ 507(a)		nal family or l	nousehold tise 11 USC	
(a)(1)(B)				wed to governm	ental units IIUSC § 507(a)(8)	
Wages salaries, or commissions (up to \$10,000),* carned within	n 180 ==		-	-	h of 11 USC § 507(a)(a)	
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4)	.0. 5				1/1/07 and every 3 years thereafter	
Contributions to an employee benefit plan - 11 USC § 507(a					or after the date of adjustment.	
5 Total Amount of Claim at Time Case Filed	\$2			60,703,10		
(unaccured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges						
6. Credits The amount of all payments on this claim has been	credited ar	d deduc	ted for the	purpose of	THIS SINCE IS FOR COURT USE ONLY	
making this proof of claim 7 Supporting Documents. Attach copies of supporting documents.						
7 Supporting Documents. Attach copies of supporting documents invoices itemized statements of running accounts, contra						
agreements and evidence of perfection of lien DO NOT SEN						
documents are not available explain. If the documents are voluit	FILED JAN 22 200					
 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim 	בייים סרווז מימי בטע					
Date Sign and print the name and title, if any, of t	the creditor	or other	person sutt	onzed to		
file this claim (attach copy of power of attor						
1/17/07 1						
1 James 1m	- 				USA CMC	
Personal for management from dulant adulant files					## # # # # # # # # # # # # # # # # # #	

dulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§

